

INTERGOVERNMENTAL POLICY AND PLANNING DIVISION
450 Capitol Avenue | MS# 540RG | Hartford, CT 06106-1379

NOTICE OF GRANT AWARD



The Office of Policy and Management, Intergovernmental Policy and Planning Division, hereby makes the following grant award in accordance with Section 29 of Public Act 19-117 and C.G.S. §§ 4-66k(c) and 4-66r and in accordance with the grant solicitation and the attached grant application, if applicable.

Grantee: Capitol Region Cou	incil of Governme	То	Town Code: N/A						
Street address: 241 Main Str	reet-4th Floor		State Agen	cy Code: N/A		DUNS N	lo. (if ap	plicable): N/A	
City: Hartford		State: C	Т	ZIP Code: 06106 FEIN (required): 0				5-0845880	
Grant Program Name: Region	onal Services Gra	nt							
OPM Grant No.: RSG	-021-01 P	roject Title	e: FY 2021 Re	egional Services G	Grant				
Date of Award: 5/26/2020	Categor								
Period of Award: (Choose one) Start Date: The date Notice of Grant Award is signed by both Grantor & Grantee (whichever is later). On Select Date or after Notice of Grant Award is signed by both parties (whichever is later). 7/1/2020 pursuant to Section 29 of Public Act 19-117 and C.G.S. §§ 4-66k(c) and 4-66r (attach copy of authority w/ notice of grant award).									
			AMOUNT	OF GRANT AWA	RD				
Federal:	State: \$736,490	In	terest:			Sta	ate Match:		
Grantee Match:	Other: Specif	fy:		Т	Гotal Budg	et: \$736,49	0.36		
Federal Grant No.: N/A									
Grantee Fiscal Year: From: .	July 1 To: June	30	Catalog of I	Federal Domestic	Assistanc	e (CFDA) Nu	mber: N	I/A	
BY: Signature of Auth Lyle Wray, Execut FOR THE OFFICE OF POLICY BY:	orized Grantee O ive Director AND MANAGEM	official	ehalf of the g	•				ward and further certifies that: I attached Grant Conditions.	
Signature of OPM S Melissa McCaw, Se			-	nos Diamantis	Date				

AMOUNT	FUND	DEPT	SID	PROG	ACCT	CHART 1	CHART 2	BR YR	PROJECT
\$1,529.14	12060	OPM20600	35457	13046	55050			2012	OPM00000001111
\$324.01	12060	OPM20600	35457	13046	55050			2014	OPM00000001111
\$709,811.29	12060	OPM20600	35457	13046	55050			2016	OPM00000001111
\$24,825.92	12060	OPM20600	35457	13046	55050			2020	OPM00000001111



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Grantee: Connecticut Metropolitan Council of Governments								Town Code: N/A			
Street address: 1000 Lafayet 925	tte Blvd-9t	th Floor Su	uite	State Ag	ency Code: N/A	·		DUNS No. (if	appl	licable): N/A	
City: Bridgeport		S	State: CT	-	ZIP Code: 06604 FEIN (required): 06			06-0	0765591		
Grant Program Name: Regio	onal Servic	ces Grant									
OPM Grant No.: RSG	-021-02	Proje	ect Title:	: FY 2021	L Regional Services	Grant					
Date of Award: 5/26/2020	С	Category (in	f applica	able):	N/A						
Start Date. In the date Notice of Grant Award is signed by both Grantor & Grantee (Willenever is later).									End Date: 6/30/2021		
				AMOU	NT OF GRANT AWA	ARD					
Federal:	State: \$3	341,783.89)		Interest:	terest: Sta				ate Match:	
Grantee Match:	Other:	Specify:			Total Budget: \$341,783.89						
Federal Grant No.: N/A											
Grantee Fiscal Year: From:	July 1 To	o: June 30)	Catalog	of Federal Domesti	ic Assista	ance (0	CFDA) Numbei	r: N/	A	
BY: Signature of Authority To ex Matt Fulda, Execu	Catalog of Federal Domestic Assistance (CFDA) Number: N/A My signature below, for and on behalf of the above named grantee, indicates acceptance of the above referenced award and further certifies that: 1.) I have the authority to execute this agreement on behalf of the grantee; and 2.) The grantee will comply with all attached Grant Conditions. BY: Signature of Authorized Grantee Official Matt Fulda, Executive Director										
FOR THE OFFICE OF POLICY	AND MAN	NAGEMEN'	T:								
Signature of OPM S Melissa McCaw, Se	-			-	ntinos Diamantis	Da	te	_			

AMOUNT	FUND	DEPT	SID	PROG	ACCT	CHART 1	CHART 2	BR YR	PROJECT
\$341,783.89	12060	OPM20600	35457	13046	55050			2020	OPM00000001111



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450 Capitol Avenue | MS# 54ORG | Hartford, CT 06106-1379 NOTICE OF GRANT AWARD



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Grantee: Lower Connecticut	River Valley Cou	To	own	Town Code: N/A						
Street address: 145 Denniso	n Road		State Agen	cy Code: N/A			DUNS No. (if	applicable): N/A		
City: Essex		State: C	T	ZIP Code: 06426 FEIN (required): 4			45-5533305			
Grant Program Name: Regio	onal Services Gra	nt								
OPM Grant No.: RSG	-021-03 P	roject Title	e: FY 2021 Re	FY 2021 Regional Services Grant						
Date of Award: 5/26/2020	Categor	y (if applic	able):	N/A						
Period of Award: (Choose of Start Date: ☐ The date Note: ☐ On Select Down	End Date: 6/30/2021									
			AMOUNT	OF GRANT AWA	RD					
Federal:	State: \$406,578	3.56	In	Interest:			State Match:			
Grantee Match:	Other: Speci	fy:		Total Budget: \$406,578.56						
Federal Grant No.: N/A										
Grantee Fiscal Year: From: J	July 1 To: June	30	Catalog of I	Federal Domestic	Assistan	ce (C	CFDA) Number	: N/A		
Grantee Fiscal Year: From: July 1 To: June 30 Catalog of Federal Domestic Assistance (CFDA) Number: N/A My signature below, for and on behalf of the above named grantee, indicates acceptance of the above referenced award and further certifies that: 1.) I have the authority to execute this agreement on behalf of the grantee; and 2.) The grantee will comply with all attached Grant Conditions. BY: Signature of Authorized Grantee Official Sam S. Gold, Executive Director										
FOR THE OFFICE OF POLICY	AND MANAGEM	IENT:								
Signature of OPM S Melissa McCaw, Se				nos Diamantis	Date	2				

AMOUNT	FUND	DEPT	SID	PROG	ACCT	CHART 1	CHART 2	BR YR	PROJECT
\$406,578.56	12060	OPM20600	35457	13046	55050			2020	OPM00000001111



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50 Capitol Avenue | MS# 540RG | Hartford CT 06106-1379

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Grantee: Naugatuck Valley C	ouncil of Govern	Т	Town Code: N/A							
Street address: 49 Leavenwo	orth Street-3rd Fl	oor	State Agen	cy Code: N/A			DUNS No. (if	applicable): N/A		
City: Waterbury		State: C	Т	ZIP Code: 06702 FEIN (required): 4			47-1630360			
Grant Program Name: Regio	onal Services Grai	nt								
OPM Grant No.: RSG	-021-04 P	roject Title	cle: FY 2021 Regional Services Grant							
Date of Award: 5/26/2020	able):	N/A								
Period of Award: (Choose one) Start Date: The date Notice of Grant Award is signed by both Grantor & Grantee (whichever is later).								End Date: 6/30/2021		
			AMOUNT	OF GRANT AWA	RD					
Federal:	State: \$570,882	.19	In	Interest: Sta				State Match:		
Grantee Match:	Other: Specif	y:		Total Budget: \$570,882.19						
Federal Grant No.: N/A				,						
Grantee Fiscal Year: From: J	July 1 To: June	30	Catalog of	Federal Domestic	Assistan	nce (0	CFDA) Number	: N/A		
Grantee Fiscal Year: From: July 1 To: June 30 Catalog of Federal Domestic Assistance (CFDA) Number: N/A My signature below, for and on behalf of the above named grantee, indicates acceptance of the above referenced award and further certifies that: 1.) I have the authority to execute this agreement on behalf of the grantee; and 2.) The grantee will comply with all attached Grant Conditions. BY: Signature of Authorized Grantee Official Rick Dunne, Executive Director										
FOR THE OFFICE OF POLICY	AND MANAGEM	ENT:								
Signature of OPM S Melissa McCaw, Se				nos Diamantis	Date	e	_			

AMOUNT	FUND	DEPT	SID	PROG	ACCT	CHART 1	CHART 2	BR YR	PROJECT
\$570,882.19	12060	OPM20600	35457	13046	55050			2020	OPM00000001111



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Grantee: Northeastern Conn	ecticut Council o	Т	Town Code: N/A							
Street address: 125 Putnam	Pike Route 12		State Agen	cy Code: N/A			DUNS No. (if	applicable): N/A		
City: Dayville		State: C	Т	ZIP Code: 06241 FEIN (required): 00			06-0850466			
Grant Program Name: Regio	onal Services Gran	nt								
OPM Grant No.: RSG	-021-05 P	roject Title	e: FY 2021 R	egional Services G	Grant	·				
Date of Award: 5/26/2020	Categor	y (if applic	able):	N/A						
Period of Award: (Choose of Start Date: ☐ The date Note: ☐ On Select Down	End Date: 6/30/2021									
			AMOUNT	OF GRANT AWA	RD					
Federal:	State: \$208,569	.14	In	Interest: Sta				State Match:		
Grantee Match:	Other: Specif	y:		Т	Total Bud	dget:	\$208,569.14			
Federal Grant No.: N/A										
Grantee Fiscal Year: From: J	July 1 To: June	30	Catalog of	Federal Domestic	Assistan	nce (0	CFDA) Number	: N/A		
My signature below, for and on behalf of the above named grantee, indicates acceptance of the above referenced award and further certifies that: 1.) I have the authority to execute this agreement on behalf of the grantee; and 2.) The grantee will comply with all attached Grant Conditions. BY: Signature of Authorized Grantee Official John Filchak, Executive Director										
FOR THE OFFICE OF POLICY	AND MANAGEM	ENT:								
Signature of OPM S Melissa McCaw, Se				nos Diamantis	Date	e				

AMOUNT	FUND	DEPT	SID	PROG	ACCT	CHART 1	CHART 2	BR YR	PROJECT
\$208,569.14	12060	OPM20600	35457	13046	55050			2020	OPM00000001111



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Grantee: Northwest Hills Co	uncil of Governm	Т	Town Code: N/A							
Street address: 59 Torringto	n Road-Suite A-1		State Agen	cy Code: N/A			DUNS No. (if	applicable): N/A		
City: Goshen		State: C	Т	ZIP Code: 06756 FEIN (required): 3			38-3917142			
Grant Program Name: Region	onal Services Gra	nt								
OPM Grant No.: RSG	-021-06 P	roject Title	e: FY 2021 R	FY 2021 Regional Services Grant						
Date of Award: 5/26/2020	Categor	y (if applic	able):	N/A						
Period of Award: (Choose of Start Date: ☐ The date Note: ☐ On Select Down	End Date: 6/30/2021									
			AMOUNT	OF GRANT AWA	RD					
Federal:	State: \$370,211	32	In	Interest: Sta				State Match:		
Grantee Match:	Other: Specif	fy:		Total Budget: \$370,211.32						
Federal Grant No.: N/A										
Grantee Fiscal Year: From: J	July 1 To: June	30	Catalog of	Federal Domestic	Assistar	nce (C	CFDA) Number	:: N/A		
Grantee Fiscal Year: From: July 1 To: June 30 Catalog of Federal Domestic Assistance (CFDA) Number: N/A My signature below, for and on behalf of the above named grantee, indicates acceptance of the above referenced award and further certifies that: 1.) I have the authority to execute this agreement on behalf of the grantee; and 2.) The grantee will comply with all attached Grant Conditions. BY: Signature of Authorized Grantee Official Richard Lynn, Executive Director										
FOR THE OFFICE OF POLICY	AND MANAGEM	ENT:								
Signature of OPM S Melissa McCaw, Se				nos Diamantis	Date	е				

AMOUNT	FUND	DEPT	SID	PROG	ACCT	CHART 1	CHART 2	BR YR	PROJECT
\$370,211.32	12060	OPM20600	35457	13046	55050			2020	OPM00000001111



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Grantee: South Central Regional Council of Governments						-	Town Code: N/A				
Street address: 127 Washington Avenue-4th Floor West				State Agency Code: N/A			DUNS No. (if applica			licable): N/A	
City: North Haven			e: CT		ZIP Code: 0647	3	F	EIN (required):	: 06-	0770103	
Grant Program Name: Regional Services Grant											
OPM Grant No.: RSG	-021-07	Project	Title: FY 202	1 Reg	gional Services G	Grant					
Date of Award: 5/26/2020	Ca	ategory (if ap	pplicable):	N	N/A						
Period of Award: (Choose one) Start Date: The date Notice of Grant Award is signed by both Grantor & Grantee (whichever is later). On Select Date or after Notice of Grant Award is signed by both parties (whichever is later). 7/1/2020 pursuant to Section 29 of Public Act 19-117 and C.G.S. §§ 4-66k(c) and 4-66r (attach copy authority w/ notice of grant award).						ver is later).	of	End Date: 6/30/2021			
			AMOU	JNT C	OF GRANT AWA	RD					
Federal:	State: \$49	93,417.53		Interest:					State Match:		
Grantee Match:	Other:	Specify:		Total Budget: \$493,417.53							
Federal Grant No.: N/A											
Grantee Fiscal Year: From: J	luly 1 To:	: June 30	Catalog	of Fe	ederal Domestic	Assista	nce (CFDA) Number	r: N/	A	
My signature below, for and on behalf of the above named grantee, indicates acceptance of the above referenced award and further certifies that: 1.) I have the authority to execute this agreement on behalf of the grantee; and 2.) The grantee will comply with all attached Grant Conditions. BY: Signature of Authorized Grantee Official Carl Amento, Executive Director											
FOR THE OFFICE OF POLICY AND MANAGEMENT:											
BY: Signature of OPM Secretary or OPM Deputy Secretary Melissa McCaw, Secretary or Deputy Secretary Konstantinos Diamantis											

AMOUNT	FUND	DEPT	SID	PROG	ACCT	CHART 1	CHART 2	BR YR	PROJECT
\$493,417.53	12060	OPM20600	35457	13046	55050			2020	OPM00000001111



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Grantee: Southeastern Connecticut Council of Governments						Town Code: N/A			
Street address: 5 Connecticut Avenue State				e Agency Code: N/A			DUNS No. (if	applicable): N/A	
City: Norwich	State: C	ZIP Code: 06360			FE	EIN (required):	06-0770236		
Grant Program Name: Region									
OPM Grant No.: RSG	-021-08 P	roject Title	e: FY 2021 R	egional Services G	Grant				
Date of Award: 5/26/2020	Categor	y (if applic	able):	N/A					
Period of Award: (Choose one) Start Date: The date Notice of Grant Award is signed by both Grantor & Grantee (whichever is later). On Select Date or after Notice of Grant Award is signed by both parties (whichever is later). 7/1/2020 pursuant to Section 29 of Public Act 19-117 and C.G.S. §§ 4-66k(c) and 4-66r (attach copy authority w/ notice of grant award).						er is later).	End Date: 6/30/2021		
			AMOUNT	OF GRANT AWA	RD				
Federal:	State: \$322,954	1.02	In	Interest:			State Match:		
Grantee Match:	Other: Speci	fy:		Total Budget: \$322,954.02					
Federal Grant No.: N/A									
Grantee Fiscal Year: From:	July 1 To: June	30	Catalog of	Federal Domestic	Assistan	nce (C	CFDA) Number	:: N/A	
My signature below, for and on behalf of the above named grantee, indicates acceptance of the above referenced award and further certifies that: 1.) I have the authority to execute this agreement on behalf of the grantee; and 2.) The grantee will comply with all attached Grant Conditions. BY: Signature of Authorized Grantee Official James S. Butler, Executive Director									
FOR THE OFFICE OF POLICY AND MANAGEMENT:									
Signature of OPM S Melissa McCaw, Se				nos Diamantis	Date	е	_		

AMOUNT	FUND	DEPT	SID	PROG	ACCT	CHART 1	CHART 2	BR YR	PROJECT
\$322,954.02	12060	OPM20600	35457	13046	55050			2020	OPM00000001111



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Grantee: Western Connecticut Council of Governments						Town Code: N/A			
Street address: One Riverside Road State				Agency Code: N/A			DUNS No. (if	applicable): N/A	
City: Sandy Hook	T ZIP Code: 06482			FE	EIN (required):	47-1841490			
Grant Program Name: Region									
OPM Grant No.: RSG	-021-09 P	roject Title	e: FY 2021 Re	egional Services G	Grant				
Date of Award: 5/26/2020	Categor	y (if applic	able):	N/A					
Period of Award: (Choose one) Start Date: The date Notice of Grant Award is signed by both Grantor & Grantee (whichever is later). On Select Date or after Notice of Grant Award is signed by both parties (whichever is later). \(\times 7/1/2020\) pursuant to Section 29 of Public Act 19-117 and C.G.S. §§ 4-66k(c) and 4-66r (attach copy of authority w/ notice of grant award).							End Date: 6/30/2021		
			AMOUNT	OF GRANT AWA	RD				
Federal:	State: \$655,362	99	In	Interest:			State Match:		
Grantee Match:	Other: Specif	fy:		Total Budget: \$655,362.99					
Federal Grant No.: N/A									
Grantee Fiscal Year: From: J	July 1 To: June	30	Catalog of I	Federal Domestic	Assistan	nce (0	CFDA) Number	: N/A	
My signature below, for and on behalf of the above named grantee, indicates acceptance of the above referenced award and further certifies that: 1.) I have the authority to execute this agreement on behalf of the grantee; and 2.) The grantee will comply with all attached Grant Conditions. BY: Signature of Authorized Grantee Official Francis Pickering, Executive Director									
FOR THE OFFICE OF POLICY AND MANAGEMENT:									
Signature of OPM S Melissa McCaw, Se				nos Diamantis	Date	e			

AMOUNT	FUND	DEPT	SID	PROG	ACCT	CHART 1	CHART 2	BR YR	PROJECT
\$655,362.99	12060	OPM20600	35457	13046	55050			2020	OPM00000001111